SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: | PAGE 202 OF 285
(check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13   [ ] 14   [ ] 15   [ ] 16   [ ] 17

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NAME OF COMMITTEE (In Full)

> BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.   C

Name of Employer: self-employee
Occupation: physician

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2014
Transaction ID : SA11AI.27150

Amount of Each Receipt this Period
40.00
contribution

B. Full Name (Last, First, Middle Initial)
Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.   C

Name of Employer: self-employee
Occupation: physician

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2014
Transaction ID : SA11AI.27555

Amount of Each Receipt this Period
40.00
contribution

C. Full Name (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing federal political committee.   C

Name of Employer: selfemployed
Occupation: physician

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2014
Transaction ID : SA11AI.26806

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)...► 330.00

TOTAL This Period (last page this line number only)...►

FEC **Schedule A (Form 3X)** Rev. 02/2003